

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

HousingAuthorityofthe BoroughofClementon

Clementon,NewJersey

**NOTE: THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: *Housing Authority of the Borough of Clementon*

PHANumber: *NJ073*

PHA Fiscal Year Beginning:(mm/yyyy) *07/2002*

PHA Plan Contact Information:

Name: *Sheila Wooster, Executive Director*

Phone: *(856)784 -1134*

TDD:

Email(if available): *jbcha16@aol.com*

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☒ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan

FiscalYear2002

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
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<input checked="" type="checkbox"/> Attachment C : Capital Fund Program Annual Statement (Fiscal Year 2002)	
<input checked="" type="checkbox"/> Attachment D : Capital Fund Program Performance and Evaluation Report (FY2001)	
<input checked="" type="checkbox"/> Attachment E : Capital Fund Program Performance and Evaluation Report (FY2000)	
<input checked="" type="checkbox"/> Attachment F : Capital Fund Program Performance and Evaluation Report (FY1999)	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
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<input checked="" type="checkbox"/> Attachment H : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment I : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	

- ☐ Other(List below, providing each attachment name)
- ☒ Attachment **J**: Deconcentration & Income Mixing
- ☒ Attachment **K**: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments

ii. Executive Summary

[24CFR Part 903.79(r)]

APHA option, provide a brief overview of the information in the Annual Plan

The CHA continues to operate its Public Housing and Section 8 Programs in support of its mission to provide decent, safe and affordable housing for low -income households.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There will not be any major policy or program changes during the Housing Authority's Fiscal Year beginning July 1, 2002.

Clementon Housing Authority will continue to revise its existing public housing and Section 8 policies to reflect regulation changes that may be mandated by the Department of Housing & Urban Development.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$91,101**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment **B**

(2)CapitalFundProgram AnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment

C

3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. ☐ Yes ☒ No: DoesthePHAplantoconductanydemolitionordispositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C. 1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if “yes”,completeoneac tivitydescriptionforeachdevelopment.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)
1a.Developmentname: 1b.Development(project)number:
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3.Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>
4.Dateapplicationapproved,submitted, orplannedforsubmission: <u>(DD/MM/YY)</u>
5.Numberofunitsaffected: 6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment
7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units (describebelow)
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c.Projectendeddateofactivity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe a program using the table below (copy and complete questions for each program identified.) ch

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home and its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFRPart903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment **I.**

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
- ☐ Yes ☐ No: below or
- ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment **I.**
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **Camden County, New Jersey**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
No assistance requested at this time

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The #4 priority in the Camden County Consolidated Plan is providing rental assistance to low income residents. Clementon Housing Authority has 49 Section 8 vouchers and an additional 20 vouchers specifically designated for persons with disabilities. There are not enough rental properties in Clementon to support any more vouchers. But the Authority supports and carries forward this initiative of the Consolidated Plan.

The #1 priority in the Borough of Clementon Master Plan for elderly is to provide support activities and housing for the elderly. The Authority provides 70 public housing units for the elderly, and works with community agencies to provide support services to them.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

List of Attachments

Attachment **A** - Supporting Documents Available for Review

Attachment **B** - Capital Fund Program 5 Year Action Plan

Attachment **C** - Capital Fund Program Annual Statement **(Fiscal Year 2002)**

Attachment **D** - Capital Fund Program Performance and Evaluation Report **(Fiscal Year 2001)**

Attachment **E** - Capital Fund Program Performance and Evaluation Report **(Fiscal Year 2000)**

Attachment **F** - Capital Fund Program Performance and Evaluation Report **(FY 1999)**

Attachment **G** - Resident Membership on PHA Board or Governing Body

Attachment **H** - Membership of Resident Advisory Board or Boards

Attachment **I** - Comments of Resident Advisory Board or Boards & Explanation of PHA Response

Attachment **J** - Deconcentration & Income Mixing

Attachment **K** - Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
<input checked="" type="checkbox"/>	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<input checked="" type="checkbox"/>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<input checked="" type="checkbox"/>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<input checked="" type="checkbox"/>	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
<input checked="" type="checkbox"/>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<input checked="" type="checkbox"/>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) Results of Survey do not indicate a need for a Follow Up Plan	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<input checked="" type="checkbox"/>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<input checked="" type="checkbox"/>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<input checked="" type="checkbox"/>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<input checked="" type="checkbox"/>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
<input checked="" type="checkbox"/>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
<input checked="" type="checkbox"/>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

AttachmentB –CapitalFundProgram5 -YearActionPlan –FiscalYears2002 -2006

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHANam e Clementon HousingAuthority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA-Wide	Year1 2002	WorkStatementforYear 2 FFYGrant: PHAFY: 2003	WorkStatementforYear 3 FFYGrant: PHAFY: 2004	WorkStatementforYear 4 FFYGrant: PHAFY : 2005	WorkStatementforYear 5 FFYGrant: PHAFY: 2006
	Annual Statement				
NJ73 -1		91,101.00	91,101.00	91,101.00	91 ,101.00
CFPFundsListedfor 5-yearplanning		91,101.00	91,101.00	91,101.00	91,101.00
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities

Activitiesfor YearI	ActivitiesforYear: 2 FFYGrant: PHAFY: 2003			ActivitiesforYear: 3 FFYGrant: PHAFY: 2004		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
An	PHA-WIDE	<i>ADMINISTRATION</i>	9,100.00	PHA-WIDE	<i>ADMINISTRATIO</i>	9,100.00
nual					N	
Statement						
	PHA-WIDE	FEES&COSTS	11,590.00	PHA-WIDE	FEES&COSTS	11,590.00
	NJ73-1	UPGRADEFIRE ALARMS	33,000.00	NJ73-1	ROOFING	70,411.00
	NJ73-1	APARTMENT PAINTING	37,411.00			
		TOTAL	91,101.00			91,101.00
TotalCFPEstimatedCost		\$				\$

CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities

Activities for Year: 4 FFY Grant: PHAFY: 2005			Activities for Year: 5 FFY Grant: PHAFY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA-WIDE	ADMINISTRATION	9,100.00	PHA-WIDE	ADMINISTRATION	9,100.00
PHA-WIDE	FEES&COSTS	11,590.00	PHA-WIDE	FEES&COSTS	11,590.00
NJ73-1	ROOFING	30,000.00	NJ73-1	PLUMBING STACKS	70,400.00
NJ73-1	PAVING SIDEWALKS	16,500.00			
NJ73-1	PLUMBING STACKS	23,911.00			
	TOTAL	91,101.00		TOTAL	91,101.00
Total CFPE Estimated Cost		\$			\$

Attachment C – Capital Fund Program Annual Statement – Fiscal Year 2002 Grant

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Clementon Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39PO7350102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	9,100.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	11,590.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	70,411.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	91,101.00			
22	Amount of line 21 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Clementon Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39PO7350102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – So ft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Clementon Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39PO7350102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost ORIGINAL REVISED		Total Actual Cost OBLIGATED EXPENDED		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	ADMINISTRATION	1410		9,100.00				
PHA-WIDE	ADMIN, SAL, BENE, LEGAL & SUND	1410	LS	9,100.00				
	FEES & COSTS	1430		11,590.00				
PHA-WIDE	A/FEES	1430	LS	7,040.00				
PHA-WIDE	MODERNIZATION COORD.	1430	LS	4,550.00				
	DWELLING STRUCTURES	1460		70,411.00				
NJ73-1	ELEVATOR REHABILITATION	1460		50,000.00				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Clementon Housing Authority		Grant Type and Number Capital Fund Program No: NJ39PO7350102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	12/03			6/04			
NJ73-1	12/03			6/04			

AttachmentD –CapitalFundProgramPerformanceandEvaluationReport –FiscalYear2001Grant

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: ClementonHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NJ39PO7350101 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2001	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	8,900		-0-	-0-
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	15,000		-0-	-0-
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	60,000		-0-	-0-
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	2,000		-0-	-0-
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency	5,201		-0-	-0-
21	AmountofAnnualGrant:(sumoflines2 –20)	91,101		-0-	-0-
22	Amountofline21RelatedtoLBPActivities	0			
23	Amountofline21RelatedtoSection504compliance	0			
24	Amountofline21RelatedtoSecurity –SoftCosts	0			
25	AmountofLine21RelatedtoSecurity –HardCosts	0			
26	Amountofline21RelatedtoEnergyConservationMeasures	0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Clementon Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39PO7350101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410		8,000		-0-	-0-	
	Architectural fees	1430		15,000		-0-	-0-	
	Computer equipment	1475		2,000		-0-	-0-	
	Contingency	1502		3,747		-0-	-0-	
NJ73 -01	Upgrade elevator	1460		60,000		-0-	-0-	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Clementon Housing Authority			Grant Type and Number Capital Fund Program No: NJ39PO7350101 Replacement Housing Factor No:			Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	12/02			6/04			
NJ73 -01	12/02			6/04			

AttachmentE –CapitalFundProgramPerformanceandEvaluationReport –FiscalYear2000Grant

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: ClementonHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NJ39PO7350100 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2000	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	5,000			
3	1408ManagementImprovements	5,000			
4	1410Administration	2,500		-0-	-0-
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	7,315		-0-	-0-
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures			-0-	-0-
11	1465.1DwellingEquipment —Nonexpendable	11,000			
12	1470NondwellingStructures	6,000			
13	1475NondwellingEquipment	50,000		-0-	-0-
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency			-0-	-0-
21	AmountofAnnualGrant:(sumoflines2 –20)	86,815		-0-	-0-
22	Amountofline21RelatedtoLBPAactivities	0			
23	Amountofline21RelatedtoSection504compliance	0			
24	Amountofline21RelatedtoSecurity –SoftCosts	0			
25	AmountofLine21Related toSecurity –HardCosts	0			
26	Amountofline21RelatedtoEnergyConservationMeasures	0			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: Clementon Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39PO7350100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410		2,500		-0-	-0-	
	Architectural fees	1430		7,315		-0-	-0-	
	Computer equipment	1475		11,000		-0-	-0-	
NJ73 -01	Replace elevator controller	1475		50,000		-0-	-0-	
	Install kitchen range hoods	1465.1		11,000		-0-	-0-	
	Laundry room upgrades	1460		6,000		-0-	-0-	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Clementon Housing Authority			Grant Type and Number Capital Fund Program No: NJ39PO7350100 Replacement Housing Factor No:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	6/30/02			6/30/03			
NJ73 -01	6/30/02			6/30/03			

AttachmentF –CapitalFundProgramPerformanceandEvaluationReport –FiscalYear1999Grant

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summa ry					
PHAName: HousingAuthorityoftheBoroughofClementon		GrantTypeandNumber CapitalFundProgramGrantNo: NJ39P07391499 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 1999
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	9,000.00	474.00	474.00	474.00
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	2,500.00	2,500.00	2,500.00	2,500.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStr uctures	61,214.00	54,955.00	54,955.00	54,955.00
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	9,750.00	20,859.00	20,859.00	20,859.00
13	1475NondwellingEquipment	11,900.00	15,576.00	15,576.00	15,576.00
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumof lines2 –20)	94,364.00	94,364.00	94,364.00	94,364.00
22	Amountoffline21RelatedtoLBPAactivities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Borough of Clementon		Grant Type and Number Capital Fund Program Grant No: NJ39P07391499 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Housing Authority of the Borough of Clementon		Grant Type and Number Capital Fund Program Grant No: NJ39P07391499 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NJ73-01	Administration (Allocation of staff salaries, legal aids, etc.)	1410		9,000.00	474.00	474.00	474.00	
	Fees and Costs (A&E fees for preparations, specifications, and inspections)	1430		2,500.00	2,500.00	2,500.00	2,500.00	
	Resurface 35 bathtubs	1460		20,125.00	1,340.00	1,340.00	1,340.00	
	Upgrade security system/make Y2K compliant	1460		3,250.00	7,852.00	7,852.00	7,852.00	
	Paint hallways and 25% of units	1460		22,500.00	30,424.00	30,424.00	30,424.00	
	Computer hardware and software upgrade for Y2K compliance	1475		6,000.00	9,676.00	9,676.00	9,676.00	
	Remove, remediate and reconstruct office interior	1470		9,750.00	20,859.00	20,859.00	20,859.00	
	Replace worn office furnishings	1475		5,900.00	5,900.00	5,900.00	5,900.00	
	Continue branch piping project	1460		15,339.00	15,339.00	15,339.00	15,339.00	
				94,364.00	94,364.00	94,364.00	94,364.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule	
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PHAName: HousingAuthorityoftheBorough ofClementon	GrantTypeandNumber CapitalFundProgramNo: NJ39P07391499 ReplacementHousingFactorNo:	FederalFYofGrant: 1999
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[illegible]

Required Attachment G : Resident Member on the PHA Governing Board

**Clementon Housing Authority
Fiscal Year 2002 Annual Plan**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: ***Dolores Brannigan***

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): ***July 2005***

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment H: Membership of the Resident Advisory Board or Boards

**Clementon Housing Authority
Fiscal Year 2002 Annual Plan**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The CHA Resident Advisory Board for its Fiscal Year 2002 Agency Plan consists of the following members:

**Dolores Brannigan
Harry Deyarmond
Virginia Forvour
Vi Fraenhoffer
Rosemarie Godshall**

Attachment I: Comments of Resident Advisory Board

Clementon Housing Authority Fiscal Year 2002 Annual Plan

The Resident Advisory Board for the Housing Authority of the Borough of Clementon met on February 27, 2002 to discuss the proposed Fiscal Year 2002 Agency Plan update:

In attendance were:

Ginger Forvour
Dolores Brannigan - Chairperson of the Board of Commissioners
Harry Deyarmond
Viola Fraenhoffer
Rosemarie Godshall

The board was presented with their comments from last year, the current needs assessment recommendations and the five -year CFP action plan. Each section of the plan was reviewed.

The only comments were in regard to the need for elevator upgrade and apartment painting, which are already incorporated in the plan.

Vi Fraenhoffer suggested a chair be put in the elevator and after a discussion agreed that due to safety and space reasons it could not be done.

A public hearing was also conducted on April 9, 2002 that was open to the community. No comments were received at the public hearing.

Required Attachment J : Deconcentration and Income Mixing

Clementon Housing Authority Fiscal Year 2002 Annual Plan

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Required Attachment K : Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments

**Clementon Housing Authority
Fiscal Year 2002 Annual Plan**

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

-0-

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

-1-

- c. How many Assessments were conducted for the PHA's covered developments?

-0-

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None*	

***The only public housing development owned by Clementon Housing Authority has been designated as elderly only. Voluntary Conversion is therefore not applicable to this Authority.**

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **(Question is not applicable).**